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Closing the audit loop with the Diabetes Clinic Satisfaction Questionnaire (DCSQ): Reducing sources of dissatisfaction and increasing clinician sensitivity to patients' views.

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Aims: To assess the usefulness of the DCSQ as a tool for identifying and reducing sources of patient dissatisfaction in diabetes care, and for enhancing clinicians' sensitivity to sources of dissatisfaction.

Methods: The DCSQ was used 3 times in a district general hospital (DGH) over a period of 6 years. Questionnaires were self-completed by samples of 100, 80 and 350 outpatient attenders at the diabetes clinic. Results of the first data collection were fed back to the diabetes care team and interventions were designed to target 3 major sources of dissatisfaction: continuity of care, waiting times and privacy. Interventions included modifying doctor lists to improve continuity, an extra session to reduce waiting times, and building walls to replace screens around consulting areas to provide privacy. The DCSQ was re-administered the following year, and results discussed with the team. Five years later the DCSQ was completed by the DGH patients on a third occasion, coinciding with its first-time use in an inner-city teaching hospital diabetes clinic.

Results: Clinicians' expectations of patient dissatisfaction were more highly correlated with patient reports where there had been prior use of the DCSQ in the clinic than where there had been no prior use ($t(25) = 5.776$, $p < 0.0001$). Longitudinal data for the DGH showed reductions in patient dissatisfaction following intervention; Continuity of care: $Z = 11.41$, $p < 0.00001$; Waiting times: $Z = 2.06$, $p = 0.02$; Privacy: $Z = 4.43$, $p < 0.00001$.

Conclusions: The DCSQ is a useful tool in audit of diabetes care to identify patient dissatisfaction, guide appropriate interventions and improve sensitivity to sources of patient dissatisfaction.